

Limited Liability Company Registration Information Change Form

Entity File Number:			
Entity Name:			
For each Yes button t	hat you mark the question will appear below for	you to fill out.	
1). Do you want to Change the Business Purpose?		Yes	No
2). Do you want to Change the Registered Agent or the Address of the Registered Agent?		Yes	No
3). Do you want to Change the Principal Address of the Business Entity?		Yes	No
4). Do you want to Change the Designated Office of the Business Entity?		Yes	No
5). Do you want to Add individuals to the Business Entity?		Yes	No
6). Do you want to Remove individuals from the Business Entity?		Yes	No
7). Do you want to Change the Address of the Business Entity's Principal(s)?		Yes	No
	n maintained by the Division is classified as public record idential or private address of any individual affiliated wi		y purposes, you may use
Under penalties of perjury and as an authorized auth my knowledge and belief, true, correct and complete	ority, I declare that this statement of change(s), has be	en examined by m	e and is, to the best of
Name/Title:	Signature:	Date:	
1). If Yes, what is the new Business Purpose? _			
2). If Yes, who is the new Registered Agent, or	the new Address of the Registered Agent?		
Name:	Signature:		
Address:	City	State	Zip
3). If Yes, what is the new Principal Address?	,		
•	City	State	Zip
4). If Yes, what is the new Designated Office?			
Address:	City	State	Zip
5). If Yes, who do you want to Add to the Busin	ness Entity and what Position will they hold?		
Name:	Position:		
Address:	City	State	Zip
Name:	Position:		
Address:	City	State	Zip
6). If Yes, who do you want to Remove from th	e Business Entity and what Position do they hold	1?	
Name:	Position:		
Name:	Position:		
7). If Yes, who is the Principal(s) whose Addres	·		
Name:			
Address:	City	State	Zip
Name:	Position:		
Address:	City	State	Zip